



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2022
OF THE CONDITION AND AFFAIRS OF THE
Molina Healthcare of Michigan, Inc.

NAIC Group Code 1531 1531 NAIC Company Code 52630 Employer's ID Number 38-3341599
(Current) (Prior)

Organized under the Laws of Michigan, State of Domicile or Port of Entry MI

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized 02/12/1997 Commenced Business 01/01/1998

Statutory Home Office 880 W. Long Lake Rd., Suite 600, Troy, MI, US 48098-4504
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 880 W. Long Lake Rd., Suite 600
(Street and Number)
Troy, MI, US 48098-4504, 248-925-1700
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 880 W. Long Lake Rd., Suite 600, Troy, MI, US 48098-4504
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 880 W. Long Lake Rd., Suite 600
(Street and Number)
Troy, MI, US 48098-4504, 248-925-1700
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.molinahealthcare.com

Statutory Statement Contact Aarati M Mehta, 614-392-3818
(Name) (Area Code) (Telephone Number)
aarati.mehta@molinahealthcare.com, 562-437-7235
(E-mail Address) (FAX Number)

OFFICERS

President Tonya Natasha Lockwood # Secretary Jeffrey Don Barlow
Chief Financial Officer Michael Charles Graves

OTHER

DIRECTORS OR TRUSTEES

Tonya Natasha Lockwood # Matthew Carter Schueren Steve Ross Lurie
Amy Margaret Conn Joanne Carol Smith Marissa Ann Morgan

State of Michigan SS
County of Oakland

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

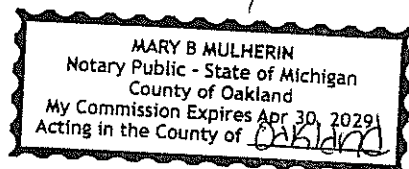
Tonya Natasha Lockwood #
Tonya Natasha Lockwood #
President

Michael Charles Graves
Michael Charles Graves
Chief Financial Officer

Jeffrey Don Barlow
Jeffrey Don Barlow
Secretary

Subscribed and sworn to before me this 16th day of February 2023

- a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....





HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2022
OF THE CONDITION AND AFFAIRS OF THE
Molina Healthcare of Michigan, Inc.

NAIC Group Code 1531 1531 NAIC Company Code 52630 Employer's ID Number 38-3341599
(Current) (Prior)
Organized under the Laws of Michigan, State of Domicile or Port of Entry Mi
Country of Domicile United States of America
Licensed as business type: Health Maintenance Organization
Is HMO Federally Qualified? Yes [] No [X]
Incorporated/Organized 02/12/1997 Commenced Business 01/01/1998
Statutory Home Office 880 W. Long Lake Rd., Suite 600 Troy, MI, US 48098-4504
(Street and Number) (City or Town, State, Country and Zip Code)
Main Administrative Office 880 W. Long Lake Rd., Suite 600
(Street and Number)
Troy, MI, US 48098-4504 248-925-1700
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
Mail Address 880 W. Long Lake Rd., Suite 600 Troy, MI, US 48098-4504
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)
Primary Location of Books and Records 880 W. Long Lake Rd., Suite 600
(Street and Number)
Troy, MI, US 48098-4504 248-925-1700
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
Internet Website Address www.molinahealthcare.com
Statutory Statement Contact Aarati M Mehta 614-392-3818
(Name) (Area Code) (Telephone Number)
aarati.mehta@molinahealthcare.com 562-437-7235
(E-mail Address) (FAX Number)

OFFICERS

President Tonya Natasha Lockwood # Secretary Jeffrey Don Barlow
Chief Financial Officer Michael Charles Graves

OTHER

DIRECTORS OR TRUSTEES

Tonya Natasha Lockwood # Matthew Carter Schueren Steve Ross Lurie
Amy Margaret Conn Joanne Carol Smith Marissa Ann Morgan

State of Michigan SS
County of Oakland

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Tonya Natasha Lockwood #
President

Michael Charles Graves
Chief Financial Officer

Jeffrey Don Barlow
Secretary

Subscribed and sworn to before me this

day of

February, 2023

a. Is this an original filing?

Yes [X] No []

b. If no,

1. State the amendment number.....

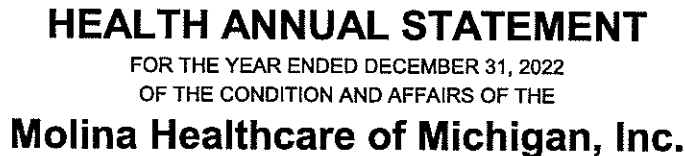
2. Date filed

3. Number of pages attached.....

KAREN A. GUEDALIA

Notary Public, State of South Carolina

My Commission Expires 11/29/2027



OFFICERS

OTHER

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Subscribed and sworn to before me this _____ day of _____

a. Is this an original filing? Yes [☒] No [☐]

b. If no,

1. State the amendment number.....
2. Date filed
3. Number of pages attached.....

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Sacramento

Subscribed and sworn to (or affirmed) before me on this 6th
day of February, 20 23, by Jeff Barlow

proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



(Seal)

Signature Sandra Moses

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Molina Healthcare of Michigan, Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
CVS Caremark	5,999,034	5,999,034	5,999,034	20,871,062	20,871,062	17,997,102
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999. Total Pharmaceautical Rebate Receivables	5,999,034	5,999,034	5,999,034	20,871,062	20,871,062	17,997,102
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	1,768,459	2,040,358	613,476	8,562,520	3,845,472	9,139,341
0299999. Total Claim Overpayment Receivables	1,768,459	2,040,358	613,476	8,562,520	3,845,472	9,139,341
0399998. Aggregate Loans and Advances to Providers Not Individually Listed	473,566				473,566	
0399999. Total Loans and Advances to Providers	473,566	0	0	0	473,566	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Health Care Receivables Not Individually Listed	1,004,868	28,125	66,157	454,414	1,466,859	86,705
0699999. Total Other Health Care Receivables	1,004,868	28,125	66,157	454,414	1,466,859	86,705
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
0799999 Gross health care receivables	9,245,927	8,067,517	6,678,667	29,887,996	26,656,959	27,223,148

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	31,892,486	31,527,488	18,830,992	20,037,173	50,723,478	33,394,519
2. Claim overpayment receivables	15,908,417	45,627,719	3,746,862	9,237,951	19,655,279	20,247,587
3. Loans and advances to providers				473,566	0	422,761
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables					0	0
6. Other health care receivables.....	2,659,498	481,819		1,553,563	2,659,498	2,283,197
7. Totals (Lines 1 through 6)	50,460,401	77,637,026	22,577,854	31,302,253	73,038,255	56,348,064

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Molina Healthcare of Michigan, Inc.

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	9,472,236	0.5	11,302	2.6		9,472,236
2. Intermediaries	35,124,229	2.0	442,702	100.0		35,124,229
3. All other providers	8,660,107	0.5	442,702	100.0		8,660,107
4. Total capitation payments	53,256,572	3.1	896,706	202.6	0	53,256,572
Other Payments:						
5. Fee-for-service	123,213,350	7.1	XXX	XXX		123,213,350
6. Contractual fee payments	1,553,158,753	89.8	XXX	XXX		1,553,158,753
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	1,676,372,103	96.9	XXX	XXX	0	1,676,372,103
13. TOTAL (Line 4 plus Line 12)	1,729,628,675	100%	XXX	XXX	0	1,729,628,675

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
	Access2Care LLC MI	14,408,454	1,200,705		
	American Specialty Health Fitness Inc MI	244,935	20,411		
	Delta Dental of California MI	5,262,172	438,514		
	Detroit Wayne Integrated Health Network	5,803,918	483,660		
	HearUSA Inc	452,272	37,689		
	Papa Inc MI	175,163	14,597		
	Vision Service Plan	8,777,315	731,443		
9999999 Totals		35,124,229	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	1,941,827	.....	1,930,414	11,413	11,413	.....
2.	Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment	2,949,759		2,847,334	102,425	102,425	
6.	Total	4,891,586	0	4,777,748	113,838	113,838	0



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Molina Healthcare of Michigan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Molina Healthcare of Michigan, Inc. 2. Troy, MI

NAIC Group Code		1531		BUSINESS IN THE STATE OF		Michigan		DURING THE YEAR						2022		(LOCATION)		NAIC Company Code		52630	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14							
		2	3																		
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health							
Total Members at end of:																					
1. Prior Year	428,377	13,394						27,567	387,416												
2. First Quarter	433,185	14,651						27,532	391,002												
3. Second Quarter	435,997	14,096						27,863	394,038												
4. Third Quarter	439,645	13,837						28,393	397,415												
5. Current Year	442,702	13,522						28,802	400,378												
6. Current Year Member Months	5,239,699	171,954						336,658	4,731,087												
Total Member Ambulatory Encounters for Year:																					
7 Physician	3,972,625	105,084						740,319	3,127,222												
8. Non-Physician	2,226,416	38,546						359,834	1,828,036												
9. Total	6,199,041	143,630	0	0	0	0	0	1,100,153	4,955,258	0	0	0	0	0							
10. Hospital Patient Days Incurred	45,689	696						12,126	32,867												
11. Number of Inpatient Admissions	8,889	153						1,622	7,114												
12. Health Premiums Written (b)	1,981,697,506	58,619,680						572,426,490	1,350,651,336												
13. Life Premiums Direct	0																				
14. Property/Casualty Premiums Written	0																				
15. Health Premiums Earned.....	2,133,402,111	62,096,396						568,537,234	1,502,768,481												
16. Property/Casualty Premiums Earned	0																				
17. Amount Paid for Provision of Health Care Services.....	1,729,628,675	53,701,778						444,377,281	1,231,549,616												
18. Amount Incurred for Provision of Health Care Services	1,759,747,716	51,093,315						449,000,118	1,259,654,283												

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 572,426,490



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Molina Healthcare of Michigan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Molina Healthcare of Michigan, Inc.

2. Troy, MI

(LOCATION)

NAIC Group Code	1531	BUSINESS IN THE STATE OF		Grand Total	DURING THE YEAR										NAIC Company Code		52630
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14			
		2	3														
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health			
Total Members at end of:																	
1. Prior Year	428,377	13,394	0	0	0	0	0	27,567	387,416	0	0	0	0	0			
2. First Quarter	433,185	14,651	0	0	0	0	0	27,532	391,002	0	0	0	0	0			
3. Second Quarter	435,997	14,096	0	0	0	0	0	27,863	394,038	0	0	0	0	0			
4. Third Quarter	439,645	13,837	0	0	0	0	0	28,393	397,415	0	0	0	0	0			
5. Current Year	442,702	13,522	0	0	0	0	0	28,802	400,378	0	0	0	0	0			
6. Current Year Member Months	5,239,699	171,954	0	0	0	0	0	336,658	4,731,087	0	0	0	0	0			
Total Member Ambulatory Encounters for Year:																	
7. Physician	3,972,625	105,084	0	0	0	0	0	740,319	3,127,222	0	0	0	0	0			
8. Non-Physician	2,226,416	38,546	0	0	0	0	0	359,834	1,828,036	0	0	0	0	0			
9. Total	6,199,041	143,630	0	0	0	0	0	1,100,153	4,955,258	0	0	0	0	0			
10. Hospital Patient Days Incurred	45,689	696	0	0	0	0	0	12,126	32,867	0	0	0	0	0			
11. Number of Inpatient Admissions	8,889	153	0	0	0	0	0	1,622	7,114	0	0	0	0	0			
12. Health Premiums Written (b)	1,981,697,506	58,619,680	0	0	0	0	0	572,426,490	1,350,651,336	0	0	0	0	0			
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
15. Health Premiums Earned	2,133,402,111	62,096,396	0	0	0	0	0	568,537,234	1,502,768,481	0	0	0	0	0			
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
17. Amount Paid for Provision of Health Care Services	1,729,628,675	53,701,778	0	0	0	0	0	444,377,281	1,231,549,616	0	0	0	0	0			
18. Amount Incurred for Provision of Health Care Services	1,759,747,716	51,093,315	0	0	0	0	0	449,000,118	1,259,654,283	0	0	0	0	0			

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$572,426,490

Schedule S - Part 1 - Section 2

N O N E

Schedule S - Part 2

N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Molina Healthcare of Michigan, Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11	12		
										Current Year	Prior Year		
0399999.	Total General Account - Authorized U.S. Affiliates						0	0	0	0	0	0	0
0699999.	Total General Account - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0
0799999.	Total General Account - Authorized Affiliates						0	0	0	0	0	0	0
... 23680 .....	..47-0698507 ..	01/01/2019	Odyssey Reinsurance Company	CT.....	.....SSL/I.....	.....CMM.....	.....111,535.....	.....	.....	.....	.....	.....
23680 .....	..47-0698507 ..	01/01/2019	Odyssey Reinsurance Company	CT.....	.....SSL/I.....	.....MC.....	.....1,420,600.....	.....	.....	.....	.....	.....
23680 .....	..47-0698507 ..	01/01/2019	Odyssey Reinsurance Company	CT.....	.....SSL/I.....	.....MR.....	.....47,201.....	.....	.....	.....	.....	.....
0899999.	General Account - Authorized U.S. Non-Affiliates						1,579,336	0	0	0	0	0	0
1099999.	Total General Account - Authorized Non-Affiliates						1,579,336	0	0	0	0	0	0
1199999.	Total General Account Authorized						1,579,336	0	0	0	0	0	0
1499999.	Total General Account - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0
1799999.	Total General Account - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0
1899999.	Total General Account - Unauthorized Affiliates						0	0	0	0	0	0	0
2199999.	Total General Account - Unauthorized Non-Affiliates						0	0	0	0	0	0	0
2299999.	Total General Account Unauthorized						0	0	0	0	0	0	0
2599999.	Total General Account - Certified U.S. Affiliates						0	0	0	0	0	0	0
2899999.	Total General Account - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0
2999999.	Total General Account - Certified Affiliates						0	0	0	0	0	0	0
3299999.	Total General Account - Certified Non-Affiliates						0	0	0	0	0	0	0
3399999.	Total General Account Certified						0	0	0	0	0	0	0
3699999.	Total General Account - Reciprocal Jurisdiction U.S. Affiliates						0	0	0	0	0	0	0
3999999.	Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates						0	0	0	0	0	0	0
4099999.	Total General Account - Reciprocal Jurisdiction Affiliates						0	0	0	0	0	0	0
4399999.	Total General Account - Reciprocal Jurisdiction Non-Affiliates						0	0	0	0	0	0	0
4499999.	Total General Account Reciprocal Jurisdiction						0	0	0	0	0	0	0
4599999.	Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified						1,579,336	0	0	0	0	0	0
4899999.	Total Separate Accounts - Authorized U.S. Affiliates						0	0	0	0	0	0	0
5199999.	Total Separate Accounts - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0
5299999.	Total Separate Accounts - Authorized Affiliates						0	0	0	0	0	0	0
5599999.	Total Separate Accounts - Authorized Non-Affiliates						0	0	0	0	0	0	0
5699999.	Total Separate Accounts Authorized						0	0	0	0	0	0	0
5999999.	Total Separate Accounts - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0
6299999.	Total Separate Accounts - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0
6399999.	Total Separate Accounts - Unauthorized Affiliates						0	0	0	0	0	0	0
6699999.	Total Separate Accounts - Unauthorized Non-Affiliates						0	0	0	0	0	0	0
6799999.	Total Separate Accounts Unauthorized						0	0	0	0	0	0	0
7099999.	Total Separate Accounts - Certified U.S. Affiliates						0	0	0	0	0	0	0
7399999.	Total Separate Accounts - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0
7499999.	Total Separate Accounts - Certified Affiliates						0	0	0	0	0	0	0
7799999.	Total Separate Accounts - Certified Non-Affiliates						0	0	0	0	0	0	0
7899999.	Total Separate Accounts Certified						0	0	0	0	0	0	0
8199999.	Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates						0	0	0	0	0	0	0
8499999.	Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates						0	0	0	0	0	0	0
8599999.	Total Separate Accounts - Reciprocal Jurisdiction Affiliates						0	0	0	0	0	0	0
8899999.	Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates						0	0	0	0	0	0	0
8999999.	Total Separate Accounts Reciprocal Jurisdiction						0	0	0	0	0	0	0
9099999.	Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified						0	0	0	0	0	0	0
9199999.	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)						1,579,336	0	0	0	0	0	0
9299999.	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)						0	0	0	0	0	0	0
9999999 - Totals							1,579,336	0	0	0	0	0	0

Schedule S - Part 4
N O N E

Schedule S - Part 4 - Bank Footnote
N O N E

Schedule S - Part 5
N O N E

Schedule S - Part 5 - Bank Footnote
N O N E

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2022	2 2021	3 2020	4 2019	5 2018
A. OPERATIONS ITEMS					
1. Premiums	112	94	49	76	67
2. Title XVIII - Medicare	47	26	19	371	46
3. Title XIX - Medicaid	1,421	1,242	871	1,385	460
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	0	0	0	0	0
8. Reinsurance recoverable on paid losses	0	1	1	138	274
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust			0	0	0
18. Funds deposited by and withheld from (F)			0	0	0
19. Letters of credit (L)			0	0	0
20. Trust agreements (T)			0	0	0
21. Other (O)			0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	437,318,970		437,318,970
2. Accident and health premiums due and unpaid (Line 15)	89,407,627		89,407,627
3. Amounts recoverable from reinsurers (Line 16.1)	0		0
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	58,980,510		58,980,510
6. Total assets (Line 28)	585,707,107	0	585,707,107
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	184,739,502		184,739,502
8. Accrued medical incentive pool and bonus payments (Line 2)	15,721,279		15,721,279
9. Premiums received in advance (Line 8)	986,050		986,050
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	170,460,623		170,460,623
15. Total liabilities (Line 24)	371,907,454	0	371,907,454
16. Total capital and surplus (Line 33)	213,799,653	XXX	213,799,653
17. Total liabilities, capital and surplus (Line 34)	585,707,107	0	585,707,107
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

Schedule T - Part 2 - Interstate Compact
N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Molina Healthcare of Michigan, Inc.

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
		00000	13-4204626		1179929	New York Stock Exchange	Molina Healthcare, Inc.	DE	UDP	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	14641	45-5337737				Molina Healthcare of Arizona, Inc.	AZ	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	13128	26-0155137				Molina Healthcare of Florida, Inc.	FL	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	15714	80-0800257				Molina Healthcare of Georgia, Inc.	GA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	14104	27-1823188				Molina Healthcare of Illinois, Inc.	IL	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17197	38-4187674				Molina Healthcare of Iowa, Inc.	IA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	16596	83-3866292				Molina Healthcare of Kentucky, Inc.	KY	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	52630	38-3341599				Molina Healthcare of Michigan, Inc.	MI	RE	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	16301	26-4390042				Molina Healthcare of Mississippi, Inc.	MS	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17357	88-2279643				Molina Healthcare of Nebraska, Inc.	NE	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17064	20-3567602				Molina Healthcare of Nevada, Inc.	NV	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	95739	85-0408506				Molina Healthcare of New Mexico, Inc.	NM	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	12334	20-0750134				Molina Healthcare of Ohio, Inc.	OH	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17066	81-0864563				Molina Healthcare of Oklahoma, Inc.	OK	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	15600	66-0817946				Molina Healthcare of Puerto Rico, Inc.	PR	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	17290	87-2738451				Molina Healthcare of Rhode Island, Inc.	RI	IA	Molina Healthcare of Rhode Island Holding Company, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	15329	46-2992125				Molina Healthcare of South Carolina, Inc.	SC	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
							Molina Healthcare of Texas Insurance Company								
1531	Molina Healthcare, Inc.	13778	27-0522725					TX	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	10757	20-1494502				Molina Healthcare of Texas, Inc.	TX	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	95502	33-0617992				Molina Healthcare of Utah, Inc.	UT	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	16043	81-0983027				Molina Healthcare of Virginia, LLC	VA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	96270	91-1284790				Molina Healthcare of Washington, Inc.	WA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	12007	20-0813104				Molina Healthcare of Wisconsin, Inc.	WI	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	16808	84-4039542				Oceangate Reinsurance, Inc.	UT	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
1531	Molina Healthcare, Inc.	12776	83-0463162				Senior Whole Health of New York, Inc.	NY	IA	AlphaCare Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	85-3111408				2028 West Broadway, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	46-4158996				AlphaCare Holdings, Inc.	DE	NIA	Senior Health Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	30-0876771				MHAZ, Inc.	AZ	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	47-2296708				Molina Care Connections, LLC	TX	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	81-2824030				Molina Clinical Services, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	45-2634351				Molina Healthcare Data Center, LLC	NM	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	33-0342719				Molina Healthcare of California	CA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	34-4187664				Molina Healthcare of Indiana, Inc.	IN	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	81-4229476				Molina Healthcare of Louisiana, Inc.	LA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	27-1603200				Molina Healthcare of New York, Inc.	NY	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	81-0855820				Molina Healthcare of Pennsylvania, Inc.	PA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
							Molina Healthcare of Rhode Island Holding Company, Inc.	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	87-2979541												
		00000	84-3288805				Molina Healthcare of Tennessee, Inc.	TN	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	88-2992962				Molina Healthcare of Wisconsin CMO, Inc.	WI	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	20-1098537				Senior Health Holdings, Inc.	DE	NIA	Senior Health Holdings, LLC	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	87-0785193				Senior Health Holdings, LLC	DE	NIA	SHH Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	83-0351160				Senior Whole Health, LLC	DE	NIA	Senior Health Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	45-3008411				SHH Holdings, Inc.	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	
		00000	39-1572350				The Management Group, LLC	WI	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	NO	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Molina Healthcare of Michigan, Inc.

Asterisk	Explanation

SCHEDULE Y
PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	13-4204626	Molina Healthcare, Inc.	623,000,000	(113,207,523)			2,150,659,289				2,660,451,766	
00000	33-0342719	Molina Healthcare of California	(200,000,000)				(241,412,200)	(1,639,658)			(443,051,858)	2,704
00000	45-2634351	Molina Healthcare Data Center, Inc.	0	1,500,000			2,590,491				4,090,491	
14641	45-5337737	Molina Healthcare of Arizona, Inc.	0	(5,000,000)			(22,516,944)				(27,516,944)	
13128	26-0155137	Molina Healthcare of Florida, Inc.	0	(20,000,000)			(95,371,215)	125,406			(115,245,809)	343,714
00000	38-4187664	Molina Healthcare of Indiana, Inc.		1,622,097			0				1,622,097	
14104	27-1823188	Molina Healthcare of Illinois, Inc.	(25,000,000)				(165,365,239)	1,090,141			(189,275,098)	829,632
16596	83-3866292	Molina Healthcare of Kentucky, Inc.	0	5,000,000			(112,292,237)	3,621,037			(103,671,200)	2,269,923
52630	38-3341599	Molina Healthcare of Michigan, Inc.	(40,000,000)				(188,104,586)				(228,104,586)	
16301	26-4390042	Molina Healthcare of Mississippi, Inc.					(37,508,015)	(543,513)			(38,051,528)	80,657
17064	20-3567602	Molina Healthcare of Nevada, Inc.		26,000,000			(37,321,802)				(11,321,802)	
95739	85-0408506	Molina Healthcare of New Mexico, Inc.					(16,013,916)	4,975			(16,008,941)	107
00000	27-1603200	Molina Healthcare of New York, Inc.					(174,234,033)				(174,234,033)	
12776	83-0463162	Senior Whole Health of New York, Inc.		114,000,000			(26,548,973)				87,451,027	
12334	20-0750134	Molina Healthcare of Ohio, Inc.	(165,000,000)				(266,509,199)	1,968,403			(429,540,796)	1,801,308
15600	66-0817946	Molina Healthcare of Puerto Rico, Inc.		(20,000,000)			6,534,742				(13,465,258)	
15329	46-2992125	Molina Healthcare of South Carolina, Inc.	(10,000,000)				(88,668,735)				(98,668,735)	
10757	20-1494502	Molina Healthcare of Texas, Inc.		3,000,000			(287,742,950)	8,609,965			(276,132,985)	(522,979)
13778	27-0522725	Molina Healthcare of Texas Insurance Com					3,442,870	(3,021,145)			421,725	693,991
95502	33-0617992	Molina Healthcare of Utah, Inc.	(45,000,000)				(90,297,295)	(764,331)			(136,061,626)	
00000	26-1769086	Molina Healthcare of Virginia, LLC	(55,000,000)				(57,324,805)	(1,081,169)			(113,405,974)	190,892
96270	91-1284790	Molina Healthcare of Washington, Inc.	(48,000,000)				(354,559,378)	1,444,116			(401,115,262)	5,154,322
12007	20-0813104	Molina Healthcare of Wisconsin, Inc.	(10,000,000)				(30,823,440)	(217,684)			(41,041,124)	
16808	84-4039542	Oceangate Reinsurance, Inc.		5,000,000			4,280,000	(9,596,543)			(316,543)	(10,844,271)
17197	34-4187674	Molina Healthcare of Iowa, Inc.		15,000							15,000	
00000	81-2824030	Molina Clinical Services, LLC					183,899,891				183,899,891	
00000	83-0351160	Senior Whole Health, LLC	(15,000,000)				(55,936,711)				(70,936,711)	
00000	39-1572350	The Management Group, LLC	(10,000,000)				(2,850,286)				(12,850,286)	
17357	88-2279643	Molina Healthcare of Nebraska, Inc.		1,600,000							1,600,000	
17290	87-2738451	Molina Healthcare of Rhode Island, Inc.		3,015,000							3,015,000	
00000	45-2854547	Molina Pathways, LLC		(2,544,574)			(5,324)				(2,549,898)	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Molina Healthcare of Michigan, Inc.

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater Than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control\ Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control\ Affiliation of Column 5 Over Column 6 (Yes/No)
Molina Healthcare of Arizona, Inc.	Molina Healthcare, Inc.	100.000	.....NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	.....NO.....
Molina Healthcare of Florida, Inc.	Molina Healthcare, Inc.	100.000	.....NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	.....NO.....
Molina Healthcare of Georgia, Inc.	Molina Healthcare, Inc.	100.000	.....NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	.....NO.....
Molina Healthcare of Illinois, Inc.	Molina Healthcare, Inc.	100.000	.....NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	.....NO.....
Molina Healthcare of Iowa, Inc.	Molina Healthcare, Inc.	100.000	.....NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	.....NO.....
Molina Healthcare of Kentucky, Inc.	Molina Healthcare, Inc.	100.000	.....NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	.....NO.....
Molina Healthcare of Michigan, Inc.	Molina Healthcare, Inc.	100.000	.....NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	.....NO.....
Molina Healthcare of Mississippi, Inc.	Molina Healthcare, Inc.	100.000	.....NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	.....NO.....
Molina Healthcare of Nebraska, Inc.	Molina Healthcare, Inc.	100.000	.....NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	.....NO.....
Molina Healthcare of Nevada, Inc.	Molina Healthcare, Inc.	100.000	.....NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	.....NO.....
Molina Healthcare of New Mexico, Inc.	Molina Healthcare, Inc.	100.000	.....NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	.....NO.....
Molina Healthcare of Ohio, Inc.	Molina Healthcare, Inc.	100.000	.....NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	.....NO.....
Molina Healthcare of Oklahoma, Inc.	Molina Healthcare, Inc.	100.000	.....NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	.....NO.....
Molina Healthcare of Puerto Rico, Inc.	Molina Healthcare, Inc.	100.000	.....NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	.....NO.....
Molina Healthcare of Rhode Island, Inc.	Molina Healthcare of Rhode Island Holding Company, Inc.	100.000	.....NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	.....NO.....
Molina Healthcare of South Carolina, Inc.	Molina Healthcare, Inc.	100.000	.....NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	.....NO.....
Molina Healthcare of Texas, Inc.	Molina Healthcare, Inc.	100.000	.....NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	.....NO.....
Molina Healthcare of Texas Insurance Company	Molina Healthcare, Inc.	100.000	.....NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	.....NO.....
Molina Healthcare of Utah, Inc.	Molina Healthcare, Inc.	100.000	.....NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	.....NO.....
Molina Healthcare of Washington, Inc.	Molina Healthcare, Inc.	100.000	.....NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	.....NO.....
Molina Healthcare of Wisconsin, Inc.	Molina Healthcare, Inc.	100.000	.....NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	.....NO.....
Oceangate Reinsurance, Inc.	Molina Healthcare, Inc.	100.000	.....NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	.....NO.....
Molina Healthcare of Virginia, LLC	Molina Healthcare, Inc.	100.000	.....NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	.....NO.....
Senior Whole Health of New York, Inc.	AlphaCare Holdings, Inc.	100.000	.....NO.....	Molina Healthcare, Inc.	Molina Healthcare Inc. Group	100.000	.....NO.....

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Molina Healthcare of Michigan, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.










		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING		
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
16.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
APRIL FILING		
19.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
20.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
21.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING		
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
23.		

Bar Codes:

10.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
11.	Life Supplement [Document Identifier 205]	
12.	SIS Stockholder Information Supplement [Document Identifier 420]	
13.	Participating Opinion for Exhibit 5 [Document Identifier 371]	
14.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
15.	Medicare Part D Coverage Supplement [Document Identifier 365]	
16.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
17.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
18.	Relief from the Requirements for Audit Committees [Document Identifier 226]	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Molina Healthcare of Michigan, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19. Long-Term Care Experience Reporting Forms [Document Identifier 306]



20. Life Supplement [Document Identifier 211]



23. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 [Document Identifier 290]

